



The Montgomery County Heart Attack Program

Montgomery County Fire and Rescue
Emergency Medical Services

ACUTE REPERFUSION THERAPY ELIGIBILITY

PT'S NAME: _____ SEX: _____ AGE: _____ DATE: ____/____/____ INC. # _____

FIBRINOLYTIC INCLUSION CRITERIA:

PRESENTATION CONSISTENT WITH ACUTE CORONARY SYNDROMES	NO	YES
ORIENTED AND ABLE TO COOPERATE	NO	YES
AGE >18 AND < 75 YEARS	NO	YES
DURATION OF PAIN/DISCOMFORT OR ANGINAL EQUIVALENTS > 15 MINUTES AND < 12 HOURS	NO	YES
SYSTOLIC BP RIGHT ARM VS. LEFT ARM < 20mmHg	NO	YES
DIASTOLIC BP < 120mmHg	NO	YES
<input type="checkbox"/> ST SEGMENT ELEVATION >1 mV IN 2 OR MORE ANATOMICALLY CONTIGUOUS LEADS, <u>OR</u> <input type="checkbox"/> NEW BUNDLE BRANCH BLOCK (QRS DURATION >120ms AND SUPRAVENTRICULAR RHYTHM)	NO	YES

HIGH-RISK PROFILE PATIENT:

HEART RATE \geq 100 BPM AND Systolic BP \leq 100 MMHG, AND/ OR PULMONARY EDEMA (RALES > ½ WAY UP)	NO	YES
RECENT MI, PCI, OR CABG	NO	YES
WIDESPREAD ECG CHANGES OR RECURRENT ISCHEMIA WITH PERSISTANT SYMPTOMS	NO	YES
NON-DIAGNOSTIC OR NORMAL ECG WITH A POSITIVE TROPININ I	NO	YES

POSSIBLE FIBRINOLYTIC EXCLUSION CRITERIA:

HISTORY OF CVA, TIA, BRAIN INJURY, OR INTRACRANIAL NEOPLASM	NO	YES
RECENT (WITHIN 2 MONTHS) INTRACRANIAL OR INTRASPINAL SURGERY OR TRAUMA	NO	YES
TAKES ANTICOAGULANTS (e.g. COUMADIN, WARFARIN)	NO	YES
RECENT (2-4 WEEKS) OR ACTIVE INTERNAL BLEEDING (OTHER THAN MENSES)	NO	YES
ACTIVE PEPTIC ULCER DISEASE, HEMAPHILIA, OR OTHER KNOWN BLEEDING PROBLEMS	NO	YES
SEVERE LIVER OR KIDNEY DISEASE	NO	YES
PREGNANCY	NO	YES
DIABETIC EYE PROBLEMS OR OTHER HEMORRHAGIC OPHTHALMIC CONDITIONS	NO	YES
ANISTREPLASE OR STREPTOKINASE ADMINISTRATION IN LAST 6 MONTHS (FOR ERs THAT GIVE THESE DRUGS)	NO	YES
RECENT (WITHIN 3 WEEKS) MAJOR SURGERY, GI OR GU BLEEDING, TRAUMA, OR ORGAN BIOPSY	NO	YES
HISTORY OF SEVERE HYPERTENSION (BP \geq 200/120)	NO	YES
PERICARDITIS, ENDOCARDITIS, OR SUSPECTED AORTIC DISSECTION	NO	YES